

21-CV-1894
KUNTZ, J.
BULSARA, M.J.

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK
225 Cadman Plaza East
Brooklyn, New York 11201
(718) 613-2665

DOUGLAS C. PALMER
Clerk of Court

Jakub Madej
415 Boston Post Rod, Ste 3-1102
Milford, CT 06460

Date: April 8, 2021

Docket Number: CV (include this number on all papers submitted to the Court)

Dear Litigant:

The Clerk's Office received the enclosed papers on April 6, 2021. A docket number has been assigned to your submission. The papers are deficient for one or more of the following reasons checked below. Please read this list carefully to correct any mistakes or omissions in your papers. If you decide to proceed with your action, you must return the enclosed papers **WITHIN 14 DAYS FROM THE DATE OF THIS LETTER**. If you do not comply, your case will not proceed and may be dismissed.

- ☐ Papers, including complaints, petitions, motions or any other document, cannot be filed without an original signature pursuant to Rule 11 of the Federal Rules of Civil Procedure. Your original signature is needed wherever an "X" appears.
- ☒ A **total fee of \$402** (consisting of \$350 civil action filing fee and a \$52 administrative fee) [in cash, if submitted in person] or by certified check or money order made payable to the Clerk of Court, U.S.D.C., E.D.N.Y., is required in order to commence a civil action other than an application for a writ of habeas corpus or a motion under 28 U.S.C. § 2255 - **or** - you may request to waive the \$350 filing fee by completing an IFP application pursuant to 28 U.S.C. § 1915. (Note: the \$50 administrative fee does not apply where IFP is granted.) If you are a prisoner, you must also complete the Prisoner Authorization form along with the IFP application. An IFP application and/or Prisoner Authorization form is enclosed.
- ☐ Each plaintiff named in the caption must sign the complaint and each plaintiff must complete a separate IFP application and/or Prisoner Authorization form, if applicable. An IFP application and/or Prisoner Authorization form for each plaintiff named in the caption is enclosed.
- ☐ Your IFP application does not contain enough information for the Court to consider your request. Please complete the enclosed IFP application. If you are presently incarcerated, please complete the enclosed Prisoner Authorization form as well as the IFP application.
- ☐ Other: _____

Sincerely,

Brenna B. Mahoney
Chief Deputy

Enclosure(s)
rev. 12/21/18

UNITED STATES DISTRICT COURT

for the

Eastern District of New York

Plaintiff/Petitioner

v.

Defendant/Respondent

Civil Action No.

21-CV-1894

KUNTZ, J.
BULSARA, M.J.**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)**

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: _____.

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$ _____, and my take-home pay or wages are: \$ _____ per
(specify pay period) _____.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- | | | |
|--|------------------------------|-----------------------------|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

4. Amount of money that I have in cash or in a checking or savings account: \$ _____.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: _____

Applicant's signature

Printed name